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CONFIRMATION NO. 3159

SERIAL NUMBER 10/729,668	FILING OR 371(c) DATE 12/05/2003 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. 2500DV2CN2DV3CN2
APPLICANTS Peter M. Bonutti, Effingham, IL;				
** CONTINUING DATA ***** <i>mc</i> This application is a CON of 10/662,923 09/15/2003 which is a CON of 09/526,949 03/16/2000 PAT 6,620,181 which is a CON of 08/464,143 06/05/1995 PAT 6,187,023 and is a CON of 08/593,299 01/29/1996 PAT 6,017,305 which is a CON of 08/419,851 04/10/1995 ABN which is a CON of 08/216,097 03/22/1994 ABN which is a CON of 08/054,416 04/28/1993 ABN which is a DIV of 07/731,534 07/17/1991 PAT 5,163,949 and is a DIV of 07/487,645 03/02/1990 PAT 5,331,975 <i>2</i>				
** FOREIGN APPLICATIONS ***** <i>none</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/16/2004				
Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 11	TOTAL CLAIMS 101
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance			INDEPENDENT CLAIMS 6
Verified and Acknowledged	<i>[Signature]</i>	Examiner's Signature	Initials	
ADDRESS Kimberly V. Perry, Esq. U.S. Surgical A Divisional of Tyco Healthcare Group, LP 150 Glover Avenue Norwalk, CT06856				
TITLE Fluid operated retractors				
FILING FEE RECEIVED 2486	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____		